

UN5571 STATE OF N. Y. - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
02/19/21 USE OF FORCE REPORT
09:35:24 MARCY RES MNTL HLTH UNIT
INCIDENT DATE 02/02/21 TIME 12:35PM
GEN LOC. 17 MENTAL HLTH SPEC LOC.
UF LOG NO. [REDACTED]
UI CCC NO.
CB LOG NO.

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INMATE	DIN/NYSID	ETHNIC	ROLE
BLANFORD, RASHAUN	18B0908	BLK	PERP

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STAFF INVOLVED	TITLE	FORCE1	FORCE2	FORCE3	DEGREE
LEONE, V [REDACTED]	CO	MECH RESTR			
JOHNSON, D [REDACTED]	CO	BODY HOLD			
BANKS, S [REDACTED]	CO	BODY HOLD			

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DESCRIBE EVENTS LEADING UP TO THE APPLICATION OF FORCE:
ON 2/2/21 AT APPROXIMATELY 12:35 P.M. INMATE BLANDFORD #18B0908 WHILE
EXITING HIS CELL TO BE PLACED ON CONTRABAND WATCH, ATTEMPTED TO KICK
STAFF.

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DESCRIBE ACTUAL FORCE USED:

OFFICER JOHNSON TOOK CONTROL OF THE MECHANICAL WRIST RESTRAINTS WITH HIS
RIGHT HAND, HIS LEFT ARM WRAPPED AROUND INMATE'S UPPER TORSO. OFFICER BANKS
TOOK CONTROL OF INMATES LEFT LEG WITH HIS LEFT HAND AND HIS RIGHT HAND ON
INMATE'S RIGHT ANKLE, TOGETHER THEY FORCED INMATE TO THE FLOOR FACE FIRST.
ONCE ON THE FLOOR OFFICER JOHNSON USED HIS LEFT HAND TO CONTROL THE
MECHANICAL WRIST RESTRAINTS AND HIS RIGHT FOREARM APPLYING DOWNWARD
PRESSURE ON INMATE'S UPPER BACK AREA. OFFICER BANKS SAT ON INMATE'S RIGHT
LEG AND TOOK CONTROL OF THE INMATE'S LEFT ANKLE WITH BOTH HANDS. BOTH
OFFICERS MAINTAINED THEIR HOLDS UNTIL OFFICER LEONE APPLIED THE MECHANICAL
LEG RESTRAINTS, AT WHICH TIME INMATE BLANFORD BECAME COMPLIANT, ENDING
FORCE.

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BLANFORD, RASHAUN	18B0908	BLK	PERP

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EXAMINERS NAME	TITLE	EXAM DATE	TIME
S. DEROCO	NURSE	02/02/21	12:38PM

PART B - PHYSICAL EXAMINATION/TREATMENT REPORT:
NO INJURIES NOTED

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SUPERVISOR REVIEW:

WAS INCIDENT VIDEOTAPED? YES

WAS VIDEOTAPE REVIEWED? NO
DATE: / /

AUTHORIZED BY:

WERE USE OF FORCE PHOTOS TAKEN? YES PER DIRECTIVE

WERE USE OF FORCE PHOTOS REVIEWED? YES

WAS STAFF MEMBER INJURED? [REDACTED]

WAS STAFF SEEN BY MEDICAL? [REDACTED]

WAS INMATE INJURED? NO

WAS INMATE SEEN BY MEDICAL? YES PER DIRECTIVE

WAS THE UF MEMO COMPLETED? YES

WAS THE INMATE RETURNED TO THE CELL? NO TRANSFERED TO: RM-B2-50

REPORTED BY: SGT DAVIS

DATE: 02/02/21

REVIEWED BY: LT PYKE

DATE: 02/02/21

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REVIEW AND EVALUATION BY SUPERINTENDENT:


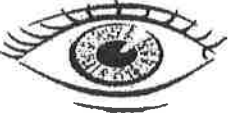
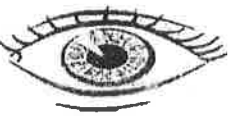
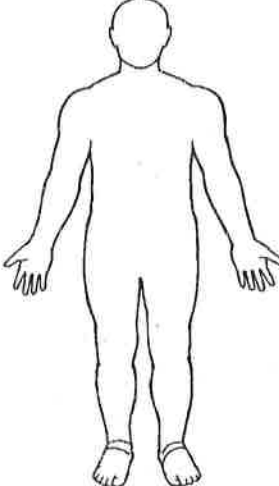
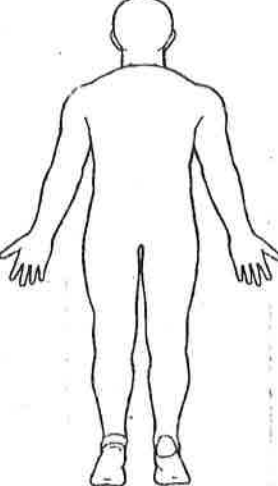




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SPT P [REDACTED] REARDON
SUPERINTENDENT

02/09/21
DATE

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USE OF FORCE REPORT - PART B - ADDENDUM

FACILITY Marcy 495	Date & Time of Incident 2/2/21 1235pm	Facility Use of Force Log # <div style="background-color: black; width: 100px; height: 20px;"></div>		
INMATE NAME Blanford, Rashawn DIN 1830908 Cell Location A2-47				
PHYSICAL EXAMINATION / TREATMENT - DETAIL				
EXAMINER'S NAME AND TITLE S. DeRocco RN II		Date & Time of Examination 2/2/21 1238pm		
  OD (Right)  OS (Left)	FRONT 	BACK 	 	 
<p>Inmate seen in medical after UOF; Inmate very agitated - states "I have a pen in my dick, you're gonna have to send me out." This Foreign body insertion was not witnessed - Enc Inmate to remove whatever he put in his penis - No trauma seen by staff on penis during strip frisk. Per. NP Congliano with regard to Foreign body - monitor Inmate at this time.</p>				
EXAMINER'S SIGNATURE AND DATE <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 50px; height: 20px; margin-right: 10px;"></div> 2/2/21 </div>				

PATIENT'S BILL OF RIGHTS

As a patient in a hospital in New York State, you have the right, consistent with law, to:

- (1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
- (3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- (4) Receive emergency care if you need it.
- (5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) A no smoking room.
- (8) Receive complete information about your diagnosis, treatment and prognosis.
- (9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the proposed procedure or treatment.
- (10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders - A Guide for Patients and Families."

Medical and Mental Health Care in Prison: Self-Help Remedies

Prepared by Prisoners' Legal Services of New York

INTRODUCTION

In another PLS memo, called "Medical Care in Prison: Judicial Remedies," we discuss the legal remedies available to prisoners dissatisfied with the medical care they are receiving. The standards for getting relief in a court challenge are very high and often hard or impossible to meet if you are representing yourself. For example, most prisoners do not have the funds to hire a doctor as an expert witness to prove their claims. Outside legal services to represent prisoners in medical care cases are scarce.

A court challenge is not the only way to improve your medical care. There are other ways to become more informed about your medical care and to improve the quality of care when you feel it is inadequate.

We believe that it is important for everyone to become an informed consumer in order to negotiate (deal with) the health care system.

Many complaints about prison medical care arise from a lack of communication between the doctor or other health care provider and the prisoner/patient. This memo outlines some steps that prisoners can take to become better informed about the care that DOCCS is providing.

KNOW YOUR RIGHTS!

Over the past several years, the New York State Health Department has developed a Patient's Bill of Rights. Under Health Department regulations, 10 N.Y.C.R.R. 405.7, a copy of the Patient's Bill of Rights must be given to everyone who receives care at a hospital whether they are getting inpatient or outpatient services. This means that if you are sent out to a hospital, even if it is just for the day, you should receive a copy of the Patient's Bill of Rights from the hospital staff. The following is the Patient's Bill of Rights.

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TOUR II 2/2/21 TUESDAY Continued

RELEASED INMATE BLANFORD DIN # 1800908
FROM CELL 12-47 TO ^{B2-50}~~0251~~ PER JANUSO
NOTIFIED: MOVEMENT & CONTROL ✓ NEW CENSUS 88

1149 ^{am} Program Run started
1230 ^{am} Program Run Complete
1235 ^{am} Job on Blanford put in 62-50